

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35863

STATE FILE NUMBER

FILED OCT 24 1957

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4618

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>				c. CITY OR TOWN <u>KANSAS CITY</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4632 TERRACE</u>				d. STREET ADDRESS (If outside, give location) <u>4632 TERRACE</u>			
3. NAME OF DECEASED (Type or print) First <u>CLarence</u> Middle <u>S.</u> Last <u>HAYS.</u>				4. DATE OF DEATH Month <u>OCT.</u> Day <u>4.</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Cauc.</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APRIL 4, 1887</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired CONSTRUCTION</u>		11. BIRTHPLACE (City and state or country) <u>WAR-Ehle, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William G. HAYS</u>				13b. MOTHER'S MAIDEN NAME <u>Rebecca L. Vaughan</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys L. HAYS.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>496a-01-3157A</u>		17. INFORMANT <u>Mrs. Gladys L. HAYS</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital heart failure.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Cardio-renal disease.</u> DUE TO (c) <u>Chronic Bronchitis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Bronchitis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>months</u> <u>442h</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>3:00 AM</u> a.m. <u>3:00</u> p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION <u>Rogers ARKANSAS</u>			
21. I attended the deceased from <u>3-9, 1957</u> to <u>10-3, 1957</u> and last saw <u>him</u> alive on <u>10-3, 1957</u> . Death occurred at <u>3:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>Esther Winkelman M.D.</u> (Degree or title)			
22b. ADDRESS <u>7449 Broadway K.C. Mo</u>				22c. DATE SIGNED <u>10-5-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>OCT. 7, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rogers Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rogers ARKANSAS</u>	
24. FUNERAL DIRECTOR <u>Muehlebach</u>		ADDRESS <u>6800 TROOST</u>		25. DATE RECD. BY LOCAL REG. <u>10-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Esther Winkelman

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

300  
1-57

Health,  
Welfare  
Public  
Service



After 10:30  
449 Proceed

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed R. P. Nichols

Licensed Embalmer No. 4997

P. O. Address 5800 T. Road  
K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.